



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **BLANDFORD**

LICENSE NUMBER: **011000006**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JANET E. LOMAS**

DOING BUSINESS AS **BLANDFORD COUNTRY STORE & CAFE**

ADDRESS: **98 MAIN STREET**

CITY/TOWN **BLANDFORD**

STATE: **MA**

ZIP CODE: **01008**

MANAGER: **LOMAS, JANET E.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS ON FIRST FLOOR AND CELLAR FOR STORAGE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

**201-50-8777**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **BLANDFORD**

LICENSE NUMBER: **01100007**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BLANDFORD COUNTRY STORE INC.**

DOING BUSINESS AS **BLANDFORD COUNTRY STORE**

ADDRESS: **98 MAIN STREET**

CITY/TOWN **BLANDFORD**

STATE: **MA**

ZIP CODE: **01008**

MANAGER: **DEBLOIS,  
ROLAND**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**2600 SQ FT..FIRST FLOOR...TWO ENTRANCES AND EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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